

REGISTRATION FORM

# E Ho'ō Lokahi I Ke 'Ola Mau



GOVERNOR'S BIENNIAL PACIFIC RIM SAFETY & HEALTH CONFERENCE

MAY 19 - 21, 2008

Name \_\_\_\_\_  
(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

Company \_\_\_\_\_

Mailing address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Business \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Special accommodations: See general information

**Please Register me in:** (check one)

- Early registration (before 05/09/08) **\$350.00**
- Late registration (after 05/09/08) **\$420.00**
- \*Group discount: 5 or more (attach individual forms) @ **\$320 each** until May 9, 2008  
\*For group registration, all five names must be shown on the registration forms.  
"TBA" notations will delay payment processing.

**Form of Payment:**

- Check made payable to the **University of Hawai'i**
- Purchase order (must accompany registration form)
- I hereby authorize the UHM Outreach College the use of my credit card account for  
this conference registration:       Visa       Master card

Credit Card Number: \_\_\_\_\_

Expiration Date (mo/yr) \_\_\_\_\_ CVV2 code \_\_\_\_\_ (last 3 digits on signature strip)

Signature \_\_\_\_\_

How did you hear of this Conference? (please check one)

- From a colleague     Television     Radio     Newspaper/Magazine     On the mailing list

**Mail to:** Governor's Biennial Pacific Safety & Health Conference  
c/o University of Hawai'i Conference Center  
2530 Dole Street, #C403, Honolulu, Hawai'i 96822

Fax #: 808.956.3364

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